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Bib Data Sheet

CONFIRMATION NO. 5931

SERIAL NUMBER 10/607,499	FILING DATE 06/27/2003  RULE	CLASS 524	GROUP ART UNIT 1713	ATTORNEY DOCKET NO. A-8274 .RNFMP/bh
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## APPLICANTS

Jian Tao, Reno, NV;

Shuo Peng, Reno, NV;

\*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/422,509 10/31/2002

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 09/22/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NV	SHEETS DRAWING 0	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: [Signature] Initials: [Initials]				

## ADDRESS

Mitchell, Silberberg & Knupp LLP  
 11377 West Olympic Boulevard  
 Los Angeles , CA  
 90064-1683

## TITLE

PVC based medical gloves and formulations therefor

FILING FEE  RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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